

State Elected Official Financial Disclosure Form

Name of Official:

Bill Haley

Office Held:

Representative

Senate District (if applicable): _____

House District (if applicable): 46

Business Address: _____

Business City, State and Zip: _____

Business Phone: (____) _____

Home Address: _____

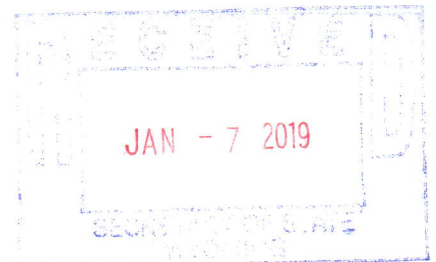
P.O. Box 103

Home City, State and Zip: _____

Centennial, Wyoming 82055

Home Phone: _____

(307) 745-0450



I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

none

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

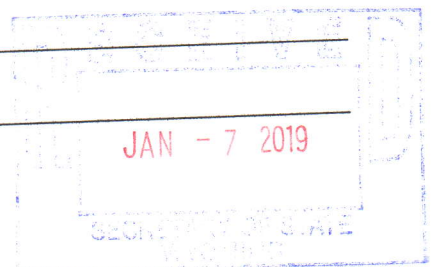
none

- c) Salaried Employment

Job Title

Name and Address of Enterprise

Retired



II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

None

c) Investments

Income Earned

A. Any security or interest earnings



Yes



No

B. Real estate, leases, royalties



Yes



No

- d) Other (describe generally): Social Security, Wyoming State retirement

On this 3rd day of January, 2019, I affirm that the preceding information is accurate.

Signature

Dee Haley

JAN - 7 2019